

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/744662

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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47			/			
48			/			
49			/			
50			/			
TOTAL IND.	21		1			
TOTAL DEP.	33		33			
TOTAL CLAIMS	54		34			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS